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ABSTRACT

Evaluated were programs serving 43 children in 11 elementary classes for autistic children in California. Children were videotaped in three instructional settings: interaction with peers, interaction with adult, and a language sample session. Behavioral observations were completed on each child; records were examined for pertinent diagnostic data and individual educational plans; and personnel were interviewed regarding program philosophy. Observational data resulted in approximately 1/5 of the children being judged as "not autistic". Serious deficiencies were found in the availability and relevance of diagnostic data. Program philosophy tended to be heavily behavioral. Recommendations included establishing diagnostic criteria for determination of autism and including precise, measurable educational objectives in the individual educational plans. (DB)

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EVALUATION OF EDUCATIONAL PLANS FOR AUTISTIC CHILDREN

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FORWARD

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Robert H. Bradfield, Ph.D.

3. ABSTRACT

Forty-three (43) children placed in eleven (11) classes for autistic children in the greater Bay Area were video taped in three instructional settings:

1. Interaction with peers
2. Interaction with adult
3. Language sample session

Two separate ten minute behavioral observations were completed on each child. Records on each child were also examined to determine the extent to which diagnostic data and individual educational plans were available and relevant and the extent to which measurement of behavioral change was being carried out.

Teacher and teacher assistant interaction with the children was observed and analyzed and teachers and teacher assistants were interviewed regarding program philosophy.

Serious deficencies appear to exist in the availability and relevance of diagnostic data. Though some type of educational plan was available on a majority of the children, these plans tended to be imprecise with little measurement attempted.

Observational data on children resulted in a substantial agreement among panel judges in about two-thirds of the cases with approximately one out of five children assessed as "not autistic." Significant differences appeared to exist in placement practices of shcool districts in the study.

Program philosophy tended to be heavily behavioral (Behavior Modification) with teacher interaction with children predominantly positive.

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6. HISTORICAL OVERVIEW AND LITERATURE REVIEW

Since the passage of AB 3854 in 1974 educational programs for autistic children have been increasing in number at an extremely rapid rate. Both District and County programs have begun to establish classes for these children, often with somewhat nebulous admission criteria, curriculum guidelines and/or teacher qualifications. It would seem imperative that clear, precise standards prevail in each of these areas if programs for autistic children are to be prevented from becoming simply "dumping grounds" for a population of children who don't fit anywhere else. The legal and moral issues involved in the placement of children in special programs require that a painstaking accountability prevail as these programs are established.

The very confusing and often contradictory diagnostic criteria used in the identification of the autistic syndrome as well as treatment philosophies which often differ markedly (Kozloff, 1973) create serious problems both in the prescriptive process and in the development of valid measures of behavior change which demonstrate the success or failure of treatment programs. Since a focus on all of these factors was beyond the scope of our research capabilities at this time given the funding limitation which existed, we limited our investigation to:

1. A detailed description of children currently enrolled in programs for autistic children. Do they seem to "fit" a diagnosis of autism?

2. An analysis of educational plans written by the Educational Assessment team, the School appraisal team, or any other referring agency and the efficacy of such plans.

3. An analysis of curricula in individual programs and evidence of ability to demonstrate progress, or lack of progress on the part of children involved.

4. A description of teacher behavior with autistic children and the philosophical treatment position of the programs.

It should be made clear that the purpose of this research is not to support or reject the "self contained" classroom approach to the education of autistic children but simply to assess the current practices.

TARGET POPULATION:

The target population of the study was children enrolled in special education programs for autistic children at the elementary school level in the Greater Bay Area.

7. RESEARCH METHOD

1. Diagnosis:

School districts and county school offices within the Greater Bay Area were contacted and requested to participate in the research program. A total of twenty-two (22) programs were in operation in those districts contacted. Out of the twenty-two available we received permission to conduct our research in eleven (11) and were denied permission in eleven. Upon reaching an agreement with each participating classroom, parents of all children in the classroom were informed by the district of its intent to participate and provided with appropriate permission and information release forms. Those parents requesting further information were contacted personally by the project's Director. We eventually obtained parent permission to include an average of four (4) of six (6) children per class for a total of forty-three (43) children. No information retrieval was completed on any child for whom appropriate permission forms had not been received.

Upon completion of all necessary requirements, the project Director visited each of the programs involved and began the data gathering process.

Each child involved in the evaluation was observed on two separate occasions for a period of ten minutes during which time a detailed description of all behaviors and interactions taking place was completed. Since no adequate behavior checklists were felt to be available, a check list of behaviors common to autistic children was developed by the project

Director specifically for this purpose. In addition to these observations one minute video tapes were completed on each child in each of three different structured settings.

1. Interaction with peers.
2. Interaction with adults.
3. Language sample session.

All diagnostic data utilized by the Educational Assessment Service, the School Appraisal team or other referral sources and the educational plans resulting from such data were examined on each child studied where available.

A panel of judges was convened with each judge required to independently engage in the following activities:

1. View video tape of each child without other identifying data and judge whether child appeared to be autistic.
2. Review individual behavioral observations in conjunction with video tapes and judge whether the child appeared to be autistic.

Panel of Judges:

The panel of judges was composed of the following members:

Ms. Kimberly Gund	-President, California Society for Autistic Children
Ms. Nadine Shea	-Private consultant to parents of Autistic Children
Joan Goble, M.D.	-Opthalmologist, parent and representative of private schools
Ms. Jane Criner	-San Francisco City School District and former Director of Therapeutic Education Center, San Francisco
Mr. Dirk West	-Marin County School Department of Special Education
Robert H. Bradfield, Ph.D.	-Area of Learning and Severely Disabled, San Francisco State Univ.
Jesse Furakawa, Ph.D.	-California State Dept. of Special Education
Mr. Sarge Kennedy	-Administrator, Autism Programs, Napa County Schools
Mr. Steve Cederborg	-Director, Special Education, Richmond County School District

This panel not only represented a cross section of groups currently concerned with the education of autistic children, but provided fair representation of the various professional disciplines: Medicine, School

Psychology, Special Education administrators, Social Work, and parents.

2. Educational Plans:

The Project Director examined the placement folder on each child to determine whether or not an educational plan had been formulated at the time of placement. If a plan was in fact available, it was rated for thoroughness and other factors to be defined.

The Principal Investigator then met with the special class teacher to determine:

1. The teacher's rating of the educational plan.
2. The extent to which educational plans had been implemented.
3. Records of behavioral change.
4. Philosophical bases of program (Behavioral, Humanistic, Diagnostic, Prescriptive, etc.)

3. Teacher Behavior:

The Teacher Style Scales and the Teacher Attention/Pupil Behavior Scale from the Bradfield Classroom Interaction Analysis (Appendix A) was completed on each teacher in the special classroom in order to determine whether any particular teacher behavior patterns seem evident across programs or whether particular patterns of teacher behavior appear related to specific educational philosophies.

Upon completion of the panel assessment a selected sample of video tape presentations of children included in the study were sent to two experts in the study of Autism, Dr. Ivar Lovaas and Dr. Bernard Rimland, for viewing and rating -- a comparison will be made between their ratings and those of the panel members at a later date.

8. STATISTICAL METHODS

All data was compiled using a CDC 3150 Computer System.

9. DATA PRESENTATION

A. DIAGNOSIS

Our survey raises serious questions regarding the diagnostic process as it has been applied to autistic children. Despite the fact that written permission had been obtained from the parents of those children included in our study, including permission to examine all records on the children, we found that no written diagnostic report was available for examination in fifty-four (54) percent of the cases studied. In thirty-three (33) percent of the cases there was no indication of any formal diagnosis having been completed. Table 1 shows the professional classification of the individual whose diagnosis of autism apparently provided the basis for placement, while Table 2 shows the type of examination upon which this diagnosis was based. Finally, we attempted to determine from available information the extent to which diagnoses were functional to the extent that specific instruction objectives were included or implied, again with rather discouraging results. In only six cases (14%) were such objectives indicated.

TABLE 1

PROFESSIONAL CLASSIFICATION OF PERSON DIAGNOSING CHILD AS AUTISTIC

Professional Classification	Value	Absolute Frequency	Relative Frequency (percent)	Adjusted Frequency (percent)	Cumulative/Adj Frequency (percent)
None	0.00	14	32.6	32.6	32.6
M.D.	1.00	7	16.3	16.3	48.8
Psychiatrist	2.00	12	27.9	27.9	76.7
Neurologist	3.00	7	16.3	16.3	93.0
School Psychologist	4.00	3	7.0	7.0	100.0
Total		43	100.0	100.0	100.0

TABLE 2

TYPE OF EXAMINATION ON WHICH DIAGNOSIS OF AUTISM WAS BASED

Diagnosis Based Upon	Value	Absolute Frequency	Relative Frequency (percent)	Adjusted Frequency (percent)	Cumulative Adj Frequency (percent)
Unknown	1.00	18	41.9	41.9	60.5
Psychiatric Evaluation	2.00	7	16.3	16.3	58.1
Multi Disciplinary Screening	4.00	4	9.3	9.3	67.4
Neurological Examination	5.00	6	14.0	14.0	81.4
Medical Exam	6.00	1	2.3	2.3	83.7
Interview	7.00	4	9.3	9.3	93.0
Psychological Examination	8.00	3	7.0	7.0	100.0
TOTAL		43	100.0	100.0	100.0

B. INDIVIDUAL EDUCATIONAL PLANS

The situation appears somewhat more positive when one examines the status of individual educational plans for the children surveyed, though serious deficiencies still exist. We were particularly encouraged by the finding that some type of individual educational plan was available for seventy-nine (79) percent of the cases with these plans including at least very general instructional objectives. Approximately sixty-two (62) percent of these plans appeared to have been derived from some type of assessment data, either the original diagnosis or subsequent teacher assessment. Unfortunately, however, in only thirty-five (35) percent of the cases were these instructional objectives precise and observable.

As one might expect, these cases tended to be clustered in a few specific classes. Table 3 indicates the extent to which measurement was attempted regarding the attainment of instructional objectives with no measurement of any kind in over fifty (50) percent of the cases. It should be noted, however, that anecdotal records, which we have not included as precise measurement, were being kept in 79% of the cases.

TABLE 3

EXTENT TO WHICH MEASUREMENT IS BEING CARRIED OUT

	Value	Absolute Frequency	Relative Frequency (Percent)	Adjusted Frequency (Percent)	Cumulative/Adj Frequency (Percent)
Unknown	0.00	1	2.3	2.3	2.3
Each Objective	1.00	9	20.9	20.9	23.3
Some Objectives	2.00	11	25.6	25.6	48.8
No Measure of Any Kind	3.00	22	51.2	51.2	100.0
TOTAL		43	100.0	100.0	100.0

C. JUDGMENTS OF CHILDREN ON THE BASIS OF VIDEO TAPE ONLY

Our analysis of panelist judgments of autism on the basis of video taped sequences alone indicates considerable disparity between judges. Substantial agreement was obtained in only fifty-six (56) percent of the cases, clear disagreement in thirty (30) percent and an inability to make a decision in fourteen (14) percent of the cases. Of those children on whom substantial agreement was achieved, approximately one out of four were seen as <u>not</u> being autistic. Though the pattern is certainly not

clear at this time ther was a tendency for specific classes to have a disproportionate number of questionable cases and/or cases seen as not autistic while one or two other classes appeared to contain a high percentage of clearly defined autistic children, at least suggesting differing placement practices in different school districts. For example, in classroom four (Table 4) substantial agreement was obtained on all five children with all five being seen as autistic while in classroom eleven, though substantial agreement was achieved on all children, two of the three were seen as not autistic. Finally, in classroom seven clear disagreement existed on three out of five children observed with no decision possible on a fourth. It is also intererting to note that a tendency existed for special education administrators on our panel of judges to more frequently disagree with the majority of the panel and see children as not being autistic. Out of ten cases where only one or two members of the panel responded "no" to a diagnosis of autism when a majority of the panel voted otherwise, nine of the cases showed "no" votes by administrators only with only one case showing a no vote by a parent. In five of these ten cases, more than one administrator voted no. No similar bias was found in those cases where only one or two "yes" responses occurred in contradiction to the majority. These "yes" responses were about evenly divided between parents and administrators. Table 4 shows the percent of panelist response on each of three possible responses for the forty-three (43) cases included in the study.

TABLE 4

PANELIST JUDGMENTS OF AUTISTIC BEHAVIOR -- VIDEOTAPE ONLY

Class #	Child #	Don't Know	No	Yes	Panel Response
1	1		14%	86%	A
	2		50	50	D
2	3			100	A
	4	60	40		?
3	5	63	37		?
	6	71	39		?
	7	38	24	38	D
	8	40		60	A
	9	29	57	14	A
	10	43	43	14	D
4	11		12	88	A
	12	13	12	75	A
	13	33		67	A
	14		37	63	D
	15	12	13	75	A
5	16	50	33	17	?
	17	17	33	50	D
	18		100		A
	19	17	83		A
6	20			100	A
	21		57	43	D
	22		17	86	A
	23		29	71	A
7	24	29	29	43	D
	25	29	29	43	D
	26	43	14	43	?
	27	14	14	72	A
	28	29	29	42	D
8	29		16	84	A
	30	40	40	20	D
	31	17	50	33	D
	32	29	29	42	D
	33		17	83	A
9	34	40		60	A
	35		75	25	A
	36	20	20	60	A
	37			100	A
10	38		83	17	A
	39	33	33	33	D
	40	67		33	?
11	41	17	83		A
	42	17	17	66	A
	43		100		A

The addition of behavioral observation data obtained during two ten minute observations to the video taped presentation reduced the disparity in panelist responses to some extent. With this additional data substantial agreement between panelists was obtained in sixty-seven (67) percent of the cases, clear disagreement was indicated in only twenty-three (23) percent of the cases with nine percent of the cases falling into the "inability to make a decision" category. In those cases where substantial agreement was obtained approximately one out of five cases observed was seen as not autistic. It is interesting to note that the additional behavioral data resulted in one or more panelist changing his/her response in twenty-five (25) out of forty-three (43) cases with the largest number of changes being movement from an assessment of "Not Autistic" to "Autistic." Some change was also indicated from the "Don't Know" category to an assessment of "Autistic." Table 5 presents the percent of panelist responses to each of the three possible diagnostic responses after the addition of behavior observation data. Table 6 shows the change in panelist responses as a result of receiving behavioral observation data.

TABLE 5

PANELIST JUDGMENTS OF AUTISTIC BEHAVIOR -- BEHAVIOR OBSERVATIONS ADDED

Class #	Child #	Don't Know	No	Yes	Panel Response
1	1			100	A
	2				D
2	3				A
	4	40	40	20	D
3	5				?
	6	29	42	29	D
	7	12	10	88	A
	8			100	A
	9	43	14	43	?
	10	57	29	14	?
4	11			100	A
	12				A
	13				A
	14		25	75	A
	15	12		88	A
5	16	33	17	50	A
	17		33	67	D
	18				A
	19		100		A
6	20				A
	21		43	57	D
	22			100	A
	23			100	A
7	24	29	14	47	A
	25	43	14		D
	26				?
	27				A
	28				D
8	29				A
	30				D
	31				D
	32				D
	33				A
9	34			100	A
	35				A
	36			100	A
	37				A
10	38				A
	39	33	17	50	A
	40	50		50	A
11	41		100		A
	42		17	83	A
	43		83	17	A

TABLE 6

DECISION CHANGES OF PANELISTS AS A RESULT OF ADDED BEHAVIORAL OBSERVATION DATA

Child #	No	Don't Know	Yes
1	-1		+1
4	-1		+1
6		-2	+2
7	-2	-2	+2
8	-1	-1	+2
9	-1	+1	+2
10	-1	+1	+1
11	-1		+1
14	-1		+1
15	-1		+1
16	-1	-1	+2
17		-1	+1
19	+1	-1	
21	-1		+1
22	-1		+1

D. BEHAVIORAL OBSERVATION

The behavior of the children observed proved to be extremely consistent across observations with little variation in the percentage of children evidencing a specific behavior. Table 7 shows the percent of children evidencing each behavior during both the first and second observation period.

TABLE 7

RELIABILITY OF BEHAVIOR OBSERVATIONS USING THE BEHAVIOR CHECKLIST

	1st Obs.	2nd Obs.
IMITATION:		
MOTOR	72%	79%
VERBAL	51%	58%
SPEECH:		
MUTE	14%	14%
ECHOLALIC	19%	27%
GIBBERISH	30%	32%
FUNCTIONAL	69%	67%
NEGATIVISM:		
DOES NOT FOLLOW REQUESTS	27%	11%
DOES OPPOSITE	4%	0%
AGGRESSION:		
VS. ADULT	4%	4%
VS. PEERS	4%	2%
MALICIOUS TEASING	4%	2%
WITHDRAWAL:		
GAZE AVERSION	27%	20%
HANDS OVER EARS	2%	2%
AVOIDANCE OF OTHERS	2%	4%
BLANK FACIAL EXPRESSION	14%	20%

	1st Obs.	2nd Obs.
TANTRUMMING:		
WHINES &/or SCREAMS	34%	20%
DESTRUCTIVENESS	2%	2%
SELF-INJURY	9%	11%
CLINGS	2%	2%
CUDDLES	2%	2%
HYPERACTIVITY:		
OVERLY ACTIVE	16%	7%
SHORT ATTENTION SPAN	9%	16%
BIZARRE BEHAVIOR:		
RITUALIZED HAND MOTIONS	44%	32%
HAND BITING	7%	4%
OTHER SELF-INJURY		
STEROTYPED POSITIONS	9%	0%
REPETITIVE NOISE MAKING	32%	48%
SPINNING OBJECTS	4%	4%
ROCKING &/or DANCING	23%	20%
MOUTHING	2%	4%
SNIFFING	11%	9%
TOUCHING	14%	11%
LINING UP OBJECTS	0%	2%
LAUGHING & SMILING (INAPPROPRIATELY)	39%	32%

Table 8 presents a listing of behaviors ordered on the basis of the percent of children demonstrating such behaviors from most frequent to least frequent. From a positive standpoint it can be noted that the ability to imitate motor behavior, functional speech, and the ability to imitate verbal behavior are evidenced by the highest percent of children. It should be understood, however, that these are very broad categories covering a range of skill levels. "Functional Speech" for example, may cover a range from single word communication to highly complex, syntactically correct verbal communication. Clear misunderstanding of these behaviors would require a much more detailed observational analysis than was possible in this study.

TABLE 8

PERCENT OF CHILDREN EVIDENCING SPECIFIC BEHAVIORS

Motor Imitation	79%
Functional Speech	69%
Verbal Imitation	58%
Repetitive Noisemaking	48%
Ritualized Hand Motion	44%
Laughing & Smiling inappropriately	39%
Whines or Screams	34%
Gibberish	32%
Does not Follow Requests	27%
Echolalic	27%
Gaze Aversion	27%
Rocking/Dancing	23%
Blank Facial Expression	20%
Short Attention Span	22%
Overly Active	16%
Mute	14%
Touching	14%
Sniffing	11%
Self Injury	11%
Stereotypical Positions	9%
Hand Biting	7%
Does Opposite	4%
Aggression Toward Adult	4%
Aggression Toward Peers	4%
Malicious Teasing	4%
Avoidance of Others	4%
Other Self Injury	4%
Spinning Objects	4%
Mouthing	4%
Distructiveness	2%
Clings	2%
Hands Over Ears	2%
Cuddles	2%
Lining Up Objects	2%

Eight children were selected on whom there was substantial agreement among panelists of a diagnosis of autism. All behaviors noted by two or more panelists during the video tape presentation of these eight children were then listed by frequency of observation. These results, which at least suggest the behaviors upon which panelists made their decisions, are listed in Table 9.

TABLE 9

PANELIST OBSERVATIONS OF SPECIFIC BEHAVIORS
OF EIGHT CHILDREN ASSESSED AS AUTISTIC

(1)	Imitation	4 out of 6
	Functional Speech	6 out of 6
	Repetitive Noisemaking	5 out of 6
	Mouthing	4 out of 6
	Negation	2 out of 6
	Blank Face	2 out of 6
(3)	Negation	5 out of 6
	Mute	2 out of 6
	Gaze Aversion	6 out of 6
	Blank Face	4 out of 6
	Sniffing	4 out of 6
	Short Attention Span	3 out of 6
(11)	Negation	5 out of 6
	Gaze Aversion	6 out of 6
	Blank Face	3 out of 6
	Mute	3 out of 6
	Short Attention Span	3 out of 6
(12)	Verbal Imitation	6 out of 6
	Functional Speech	5 out of 6
	Negation	2 out of 6
	Hand Motion	4 out of 6
	Repetitive Noisemaking	4 out of 6
(15)	Functional Speech (Sign)	2 out of 6
	Hand Motion	2 out of 6
	Motor Imitation	3 out of 6
	Mute	3 out of 6
	Negation	3 out of 6
	Gaze Aversion	4 out of 6
(20)	Verbal Imitation	5 out of 5
	Hand Motion	3 out of 5
	Rocking	4 out of 5
	Gibberish	2 out of 5
	Repetitive Noisemaking	5 out of 5
	Functional Speech	2 out of 5
	Short Attention Span	2 out of 5
	Gaze Aversion	2 out of 5
(22)	Functional Speech	4 out of 5
	Rocking	4 out of 5
	Gaze Aversion	2 out of 5
	Repetitive Noisemaking	2 out of 5
(23)	Verbal Imitation	4 out of 5
	Functional Speech	5 out of 5
	Negation	4 out of 5
	Gaze Aversion	3 out of 5
	Aggression Toward Peers	2 out of 5

E. TEACHER STYLE

Approximately eighty (80) percent of the teachers surveyed indicated that their programs were at least partially based on a behavior management philosophical base with the balance indicating a variety of positions from psychodynamic to Piagetian.

We were particularly interested in determining the type of interaction modalities which teachers and aides utilized in their relationship with the children since the human interaction/communication problem is so central to the autistic syndrome. Were attempts to communicate primarily on a verbal level? To what extent were visual cues a part of the process? Finally, to what extent did physical contact occur as part of the interaction/communication process? Using the Teacher Style scale of the Bradfield Classroom Interaction Analysis we tabulated the frequency of occurence of interactions in the verbal, visual or tactile modalities. It should be noted that although frequencies are noted separately for each modality, interactions may have occurred in combination (Bradfield, 1973). Interaction frequencies are shown in Table 10 for each classroom in the study. As expected, verbal interactions predominated in all classes. An adequate balance of interactions in all modalities seems indicated in a majority of the classes with the principle discrepancy being the extremely low frequency of tactile interactions in classrooms 7, 9, 10 and 11 compared to other modalities.

TABLE 10

TEACHER USE OF VERBAL, VISUAL OR TACTILE INTERACTION MODALITY

School #	Verbal	Visual	Tactile
1	18	12	13
2	21	14	12
3	20	9	15
4	20	6	7
5	18	17	13
6	33	10	12
7	16	3	3
8	25	11	11
9	61	39	11
10	31	18	2
11	17	8	1

Relatively few negative interactions occurred in any modality in any of the classrooms with the exception of classroom number 9. In this particular classroom a high frequency of negative responses were indicated, particularly in the tactile modality, suggesting that though little physical contact occurred in the case of positive interaction, extensive physical contact occurred in negative interactions. One can only question the long term effect on developing physical and emotional closeness between children and adults in this classroom.

When the focus of teacher interaction is analyzed we find that academic instruction interactions tend to predominate with positive academic feedback interactions following closely. Comparitively little interaction, either positive or negative, seems directed toward social behavior, again with the exception of classroom nine in which a high frequency of negative social attention interactions are indicated. Table 11.

TABLE 11

TEACHER INTERACTION FOCUS

School #	Academic Instruction	Positive Academic Feedback	Negative Academic Feedback	Positive Social Attention	Negative Social Attention	Unknown
1	11	4	3	3	2	0
2	6	14	0	1	0	0
3	9	8	1	3	0	0
4	12	8	1	0	1	0
5	10	8	3	0	0	0
6	19	14	4	0	4	0
7	9	7	0	0	4	0
8	10	12	0	4	0	0
9	20	30	11	3	6	0
9	5	3	0	2	14	0
10	16	13	1	0	1	0
11	9	9	1	0	0	0

11. SUMMARY AND RECOMMENDATIONS

Our survey of forty-three (43) children in eleven special class programs for autistic children indicates a serious deficiency in the availability and/or usefulness of the diagnostic data which resulted in placement of the child. In roughly a third of the class surveyed no indication of any diagnosis whatsoever could be found. Though some type of educational plan was available on almost four/fifths of the children surveyed these plans were precise and observable in only about a third of the cases. No measurement of any kind was indicated in over half the classes.

Numerous discrepancies existed in panelists' assessments of the children observed with agreement being indicated in slightly over half the cases. Approximately twenty to twenty-five percent of the children observed were assessed as not autistic. Our data suggests significant differences in placement procedures and educational programming between programs.

Programs tend to be based on a Behavior Management philosophy with the majority of teacher/child interactions involving positive reinforcement for both academic and social behaviors. Though emphasis on punishment and negative reinforcement was found in individual classes, this appeared to be in the exception rather than the rule.

Our results indicate that considerable change and improvement in planning and measurement is necessary before programs for autistic children can demonstrate adequate accountability.

Recommendations:

1. Thorough diagnostic data must be available including criteria upon which label of autism is based.
2. A written record of the admissions committee procedings and recommendations should be available including a statement of specific goals and objectives.
3. An individual educational plan which includes precise, measureable educational

objectives should be completed upon entrance of the child in the special program.

4. Measurement of change, progress in the attainment of the educational objectives, and specification of modifications in the educational plan should be maintained on a contunuing basis.
5. The State Department of Education should initiate research to determine which program philosophies, procedures and teacher behaviors generate the greatest gain on the part of the autistic children.

BIBLIOGRAPHY

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Kozloff, M.A. Reaching the Autistic Child: A Parent Training Program, Research Press, Champaign, Illinois, 1977

APPENDICES

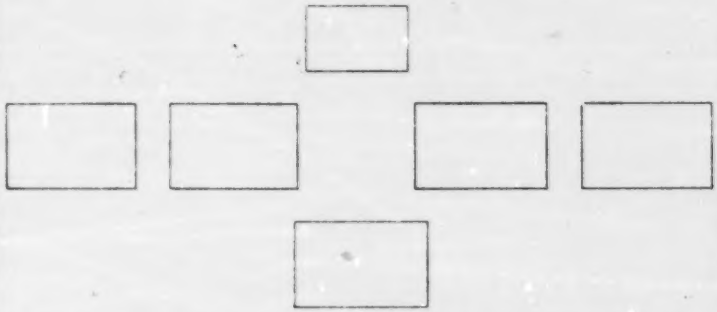
	OBSERVED		
IMITATION:		[illegible]ING:	
MOTOR		WHINES &/or SCREAMS	
VERBAL		DESTRUCTIVENESS	
SPEECH:		SELF-INJURY	
MUTE		CLINGS	
ECHOLALIC		CUDDLES	
GIBBERISH		HYPERACTIVITY:	
FUNCTIONAL		OVERLY ACTIVE	
NEGATIVISM:		SHORT ATTENTION SPAN	
DOES NOT FOLLOW REQUESTS		BIZARRE BEHAVIOR:	
DOES OPPOSITE		RITUALIZED HAND MOTIONS	
AGGRESSION:		HAND BITING	
VS. ADULT		OTHER SELF-INJURY	
VS. PEERS		STEREOTYPED POSITIONS	
MALICIOUS TEASING		REPETITIVE NOISE MAKING	
WITHDRAWAL:		SPINNING OBJECTS	
GAZE AVERSION		ROCKING &/or DANCING	
HANDS OVER EARS		MOUTHING	
AVOIDANCE OF OTHERS		SNIFFING	
BLACK FACIAL EXPRESSION		TOUCHING	
		LINING UP OBJECTS	
		LAUGHING & SMILING (INAPPROPRIATELY)	

1) Video Only: Autistic - Yes____ No____
2) Video + Behavior Observation: Autistic - Yes ____ No ____
3) Video + Behavior Obs. File Info: Autistic - Yes ____ No ____
4) Does this appear to be an appropriate placement given the above information? Yes____ No____
5) What do you feel should be included for an adequate pre-placement programming?

TEACHER ATTENTION AND PUPIL BEHAVIOR SCALE

SECTION A

SECTION B



SECTION C

1	2	3	4
P__N__NT__	P__N__NT__	P__N__NT__	P__N__NT__

Total Teacher Positive _____ Rate per minute _____
10

Total Teacher Negative _____ Rate per minute _____
10

Total Nontask Behavior _____ Rate per minute _____
10

SECTION D
GENERAL COMMENTS

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Bradfield Classroom Interaction Analysis

Date _____ School _____

Observer's name _____

Observer's position _____

Purpose of observation _____

_____

_____

INDIVIDUAL OBSERVED

Teacher _____ Age _____

Student _____ Age _____

Student _____ Age _____

Student _____ Age _____

Student _____ Age _____

Type of class _____

OBSERVATION TIME

Teacher Style Scale: Date _____ Time _____ to _____

P/P/T Interaction Scale: Date _____ Time _____ to _____

Attention/Behavior Scale: Date _____ Time _____ to _____

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TEACHER STYLE SCALE

	Expressive Modality		
	Verbal	Visual	Tactile
Academic Instruction			
Positive Academic Feedback			
Negative Academic Feedback			
Positive Social Attention			
Negative Social Attention			
Unknown			

RATING FORM

Teacher Personality

Warm — Cold

Classroom Environment

Structured — Loose

Teacher Attitude

Authoritarian — Democratic

GENERAL COMMENTS

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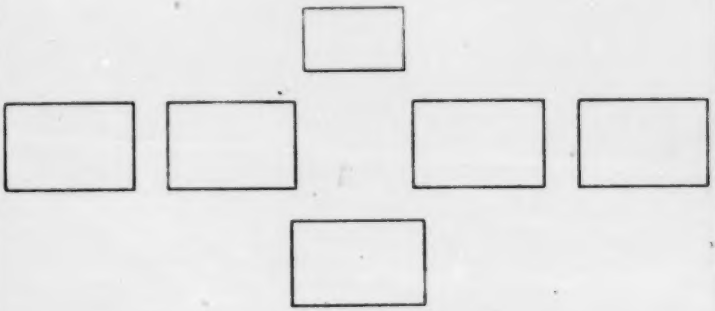
PUPIL/PUPIL/TEACHER INTERACTION SCALE

SECTION A

SECTION B



SECTION C

1		2		3		4	
Initiated	Received	Initiated	Received	Initiated	Received	Initiated	Received
PV		PV		PV		PV	
NV		NV		NV		NV	
?V		?V		?V		?V	
PP		PP		PP		PP	
NP		NP		NP		NP	
?P		?P		?P		?P	
Q		Q		Q		Q	

SECTION D
GENERAL COMMENTS

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